PTO/SB/06 (08-03) proved for use through 7/3 1/2008. ONE OSS1-0032 mark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwink Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid CMRI control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Surbstitute for Form PTO-875 Application or Pocket Number 19,157,52											
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FRED			RFRED	HUMBE		RATE	FEE		RATE	FEE	
(37 (IC FEE SR 1.16(a))							•	OR		<u></u>
TOTAL CLASS (SI CFII LISES)		_	minus 20 =		•		<u></u> .		OR.	×4•	
	PENDENT CLAM FR 1.16(b))	\$	minus 3 =		•		<u> </u>		ÇR.	x 4	
MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.15(4))						نا ا			OR.	٠	
" If the difference in column 1 is tess than zero, enter "O" in column 2.							TOTAL		QR.	TOTAL	
CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)						SMALL ENTITY				THAN ENTITY	
NTA	126/04	CLAIMS REMARKING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total promining	25	Minus	25	·i	X I	Ĺ		OR	x 4=	
Ē	Independent (37 CFR 1.MD()	· 3	Minus	<i></i> 4	• —	X.			OR	х в •	·
AM	FIRST PRESENTA	ATION OF MULTIPU	E DEPENDI	ENT CLAIM (D7 CF	#1 1.1 6 (Q)				OR	+1e	•
							TAL OLFEE		OR	TOTAL ADD'L FEE	
	RCE	(Column 1)		(Column 2)							
ENT B	4/24/05	CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total profes Listo	25	Maus	- 25	•	- x	••		OR	X 8=	
EN	Independent grofit 1.1000	3.	Minus	- 4	•—	X.	<u>.</u> .		OR	X 8 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLARM (07 CFR 1.1840)									OR	+4=	
6.2405							DTAL DOLFEE		OR	ADD'L FEE	
9	29.0	(Cotumn 1)		(Cotumn 2)	(Cotore 3)						·
ENT C		REMARING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Total at CPR 1.1600	25	Minus	- 25	•	×	<u> </u> •		OR.	X 8:=.	
END	properties professions	. 10	Minus	- 4	•	I 🔀			OR.	×2	
AM	FIRST PRESENT	ATTOM OF MULTIPLE	E DEPEND	ENT CLASE DE CE	TR 1.18(4))] [•			88	••	
TOTAL ADDI, FEE									OR	TOTAL ADD'L FEE	
* If the entry to column 1 is less than the entry in column 2, write "Y is column 3. "If the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, order "20". "If the "Highest Number Previously Peld For" IN THIS SPACE is less than 3, enter "Y".											

This editerion of information is required by 37 CFR 1.16. The Information is required to obtain, or retain a benefit by the public which is to 8e (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete, including gathering, preparing, and submitting the completed in application from to the USPTO. There will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for maturing this burden, should be sent to the Chief information officer. U.S. Petent and Trademark Office, U.S. Dependment of Commercia, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance to completing the form, call 1-800-PTO-9129 and select option 2.